

Case Number:	CM13-0024088		
Date Assigned:	11/20/2013	Date of Injury:	07/13/1999
Decision Date:	01/02/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male who reported an injury in 1995, due to cumulative trauma while performing normal job duties. The patient was treated conservatively with medications and physical therapy. The patient underwent an MRI that revealed a lumbosacral disc protrusion and facet hypertrophy at the L4-5 level. The patient continued to be treated with medications. The patient continued to have low back pain. The patient's diagnoses included lumbar disc displacement without myelopathy. The treatment plan included continued medication management.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dendracin lotion 120ml, topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medications for Chronic Pain Page(s): 111,60.

Decision rationale: There was no recent clinical evaluation submitted for review to provide deficits that would require medication management. Additionally, California Medical Treatment Utilization Schedule states the use of topical analgesics are "largely experimental in use Final Determination Letter for IMR Case Number CM13-0024088 3 with few randomized control trials to determine efficacy or safety." Clinical documentation submitted for review does not

provide any evidence that the patient has failed to respond to oral analgesics. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of capsaicin if the patient is intolerant or has not responded to other treatments. The clinical documentation submitted for review does not provide evidence that the patient has been intolerant of other treatments. The request for Dendracin lotion 120ml, topical is not medically necessary and appropriate.